K091955

# 510(k) Summary of Safety and Effectiveness Stryker SonicPin™ System

APR - 2 2010

Proprietary Name:

Stryker SonicPin<sup>TM</sup> System

Common Name:

Smooth Fixation Pin

Classification Name/Reference:

Smooth or threaded metallic bone fixation fastener, 21 CFR

**§888.3040** 

Device Product Code:

**87 HTY** 

Proposed Regulatory Class:

Class II

For Information contact:

Avital Merl-Margulies

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Date Summary Prepared:

February 1, 2010

# Description:

The Stryker SonicPin™ System consists of a bioresorbable implant pin made of a PLDLA copolymer and an ultrasonic unit (generator and sonotrode). Pins are implanted using ultrasonic energy generated by an ultrasonic unit, allowing the pin to adapt to the previously drilled hole. Its intended use is the correction of the Hallux Valgus deformation.

## Indications:

The Stryker SonicPin<sup>TM</sup> System is intended to maintain alignment and fixation of bone fractures, osteotomies, or bone grafts in hallux valgus applications in the presence of appropriate immobilization (e.g. rigid fixation implants, cast, brace). The Stryker SonicPin<sup>TM</sup> is designed only to be inserted with the ultrasonic driver of the Stryker SonicPin<sup>TM</sup> System.

#### Substantial Equivalence:

The Stryker SonicPin<sup>TM</sup> System is substantially equivalent to the INION OTPS<sup>TM</sup> Pin, Synthes<sup>®</sup> POLYPIN<sup>TM</sup> 2.0, Howmedica Bioabsorbable Pin, as well as the KLS-Martin, L.P. RESORB-X SF<sup>®</sup> in regards to intended use, indications for use, technological characteristics, design, materials, and operational principles as a fracture fixation system.

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Food and Drug Administration 10903 New Hampshire Avenue Document Control Room W-066-0609 Silver Spring, MD 20993-0002

Howmedica Osteonics Corp. % Ms. Avital Merl-Margulies 325 Corporate Drive Mahwah, NJ 07430

APR - 2 2010

Re: K091955

Trade/Device Name: Stryker SonicPin System

Regulation Number: 21 CFR 888.3040

Regulation Name: Smooth or threaded metallic bone fastener

Regulatory Class: Class II Product Code: HTY Dated: February 1, 2010 Received: February 2, 2010

## Dear Ms. Merl-Margulies:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

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forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic, and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

# **Indications for Use**

510(k) Number (if kr	own): <u>KUM195.5</u>	
Device Name: Stryko	r SonicPin™ Pin System	
Indications for Use:		
fractures, osteotomies appropriate immobili	s, or bone grafts in hallux va zation (e.g. rigid fixation im	nintain alignment and fixation of bone algus applications in the presence of aplants, cast, brace). The Stryker he ultrasonic driver of the Stryker
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Prescription Use (Part 21 CFR 80 (PLEASE DO NOT V	Subpart D) AND/OR	Over-The-Counter Use (21 CFR 807 Subpart C) E-CONTINUE ON ANOTHER PAGE D)
Concur	rence of CDRH, Office of D	Device Evaluation (ODE)
Page 1 of 1	(Division Sign-Oft) Division of Surgical, O	Allern.

and Restorative Devices

510(k) Number <u>4091955</u>